



NFL Player Disability & Neurocognitive Benefit Plan

Line-of-Duty Disability Benefits Application



NFL Player Disability & Neurocognitive Benefit Plan

Line-of-Duty Disability Benefits Application

INSTRUCTIONS

Important Reminders

- **Read all explanations and instructions carefully.**
- **Fill out the Line-of-Duty Disability Benefits Application ("Application") to apply for line-of-duty disability ("LOD") benefits from the NFL Player Disability & Neurocognitive Benefit Plan ("Disability Plan").**

If you have any questions about your Application, call the Plan Office at 800-638-3186.

- **Mail the completed Application and documentation to:**

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
200 SAINT PAUL ST STE 2420
BALTIMORE MD 21202

To apply for LOD benefits from the Disability Plan, you must complete this Application and return it to the Plan Office with all required information. The Plan Office will tell you if further information is required. Your Application will not be complete until the Plan Office receives this Application with all required information, and receives all documents and additional information that you intend to include.

Your Application must generally be received by the Plan Office within a time period that depends on your number of Credited Seasons. If you have 4 or fewer Credited Seasons, the Plan Office must receive your Application within four years after you cease to be an Active Player. If you have 5 or more Credited Seasons, you have a number of years equal to your number of Credited Seasons in which to submit your Application after you cease to be an Active Player. For example, a Player with 10 Credited Seasons has 10 years after he ceases to be an Active Player to submit his Application.

This Application period may be extended for any period of time that the Disability Initial Claims Committee or the Disability Board finds that you were physically or mentally incapacitated in a manner that substantially interfered with the filing of your claim. If you believe your injury prevented you from being able to submit this Application by the deadline, please explain on an additional sheet.

If your Application for LOD benefits has been denied and is not subject to further administrative review, you will be conclusively presumed not to have a substantial disablement for 12 months following the date of such final denial. This rule may be waived if you can show that since the date of your original Application, you have become substantially disabled because of a new injury or condition.

Signature and Authorization

Your signature certifies that the information provided is accurate and complete, and authorizes the consideration and use of your medical information to evaluate your Application for LOD benefits. In connection with your Application for disability benefits, you may submit, or have submitted on your behalf, individually identifiable health information, including your disability Application, medical records, and physician reports. You also may be referred to Plan-neutral physicians or Medical Advisory Physicians for medical examinations, and these physicians may submit health information to the Plan on your behalf. If you do not appear at any medical examination, your Application will be denied, unless you provide at least 2 business days advance notice of your inability to attend. This rule may be waived if circumstances beyond your control preclude your attendance without advance notice.

You may be subject to loss of benefits and to other penalties and sanctions under law if you have made any false or misleading statements or omissions.

Medical, Hospital and Other Records

You are encouraged to provide any information you believe will be helpful to the consideration of your Application. You may wish to enclose copies of your medical, hospital or other records. You may get a copy of medical or hospital records by asking your providers (that is, physicians, hospitals, etc. that have treated you) for your records.

An impairment for a surgical procedure will be rated if you submit an operative report for the procedure, or if NFL Club records document the procedure. Surgical procedures documented through third party evaluations, such as independent medical examinations for workers compensation, will not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities. MRIs are not necessary. Clinical findings are sufficient to award an impairment rating for symptomatic soft tissue injuries, such as an ACL Tear or rotator cuff tear, for example.

Medical, hospital, and other records must be received by the Plan Office no less than 10 days before the date of your neutral physician exam. Such materials received within 10 days will not be considered by the neutral physician.

Impairments

Please indicate in this section all categories of impairments that you wish to have considered. You may be entitled to LOD benefits if, as a Player, you incur a "substantial disablement arising out of NFL football activities." A "substantial disablement" is a "permanent" disability that satisfies ANY ONE of the following criteria:

- The orthopedic impairments rate 10 points or more, using Disability Plan's Point System for Orthopedic Impairments.
- The injury results in a 50% or greater loss of speech or sight.
- The injury results in a 55% or greater loss of hearing.
- The injury is the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system.

An LOD disability "arises out of NFL football activities" if it results from a pre-season, regular season or post-season game, or any combination thereof, or out of NFL football activities supervised by an NFL club, including all required or directed activities. An LOD disability is not caused by NFL football activities if it results from other employment or athletic activity for recreation, or if it would not qualify for benefits but for an injury (or injuries) or illness that arises out of activities other than NFL football activities.

An LOD disability will be considered "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, or is expected to result in death within 12 months, and if you are not an Active Player.

Mail the completed Application and required documentation to:

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
200 SAINT PAUL ST STE 2420
BALTIMORE MD 21202

If you have any questions, please call the Plan Office at 800-638-3186.



NFL Player Disability & Neurocognitive Benefit Plan

Line-of-Duty Disability Benefits Application

Signature and Authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with my Application for disability benefits, to all individuals as needed for Plan purposes.

I understand that I may be required to undergo a comprehensive evaluation, and I certify that I will be able to attend such evaluation within 30 days from the date this Application is received by the Plan Office. I understand that failure to attend without 2 business days advance notice, and cooperate with such evaluation will result in my Application being denied.

Signature of Player _____ Date Completed _____

Player Information

Player's Name (please print) _____
Last First Middle Initial
Date of Birth _____ Social Security Number _____
Address (number and street) _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Mobile Phone _____ E-mail _____

Medical, Hospital and Other Records

Have you included additional information in support of your Application for disability benefits?

☐ Yes ☐ No If yes, what is enclosed? _____

Have you had surgery, or do you intend to have surgery, within 6 months of the date of this Application?

☐ Yes ☐ No If yes, please explain. _____

Note: Applications cannot be processed until all information is received. It is highly recommended that you submit all prior surgical reports and NFL Club records, because doing so may help you to qualify for the benefit. Please send all supporting information to the Plan Office as soon as possible, or notify the Plan Office if you decide not to send additional information.

Impairments

You may be referred to an orthopedist for a comprehensive whole body physical examination.

If you believe you should be examined by a specialist other than an orthopedist, describe the non-orthopedic impairments and how they relate to football:

If you do not have orthopedic impairments, or do not wish to see an orthopedist for a comprehensive whole body physical examination, initial here: _____



NFL Player Disability & Neurocognitive Benefit Plan

Disability Benefit Player Consent Form

Signature and Authorization

You are applying for disability benefits under the NFL Player Disability & Neurocognitive Benefit Plan ("Plan"). This form contains important information. Please read the form, sign it, and return it with your application for disability benefits. This form is a required part of the application, and must be completed before your application will be processed.

I, _____ (print name), have read and understood the information in this Disability Benefit Player Consent Form.

Signature of Player _____ Date Completed _____

In submitting my application for disability benefits, I understand that:

1. I may be required to attend a physical examination with one or more physicians or other health professionals, and that failure to attend may cause my application to be denied.
2. There will be no doctor-patient relationship between me and the physicians or other health professionals who examine me.
3. The physicians or other health professionals who examine me will provide reports on my condition to the Plan, which I may obtain by written request to the Plan Office.
4. The physicians or other health professionals who examine me will not provide a copy of the medical reports to me directly.
5. Neither I nor my representatives (attorneys, treating physicians, etc.) are allowed to contact the physicians or other health professionals arranged by the Plan, such as to discuss their examination of me or to request copies of reports.
6. The physicians or other health professionals who examine me are required to comply with ethical or legal obligations, for example if they determine that I am a danger to myself or to others.
7. By signing this form, I consent to the above points and will comply with the Plan's procedures in connection with my claim for disability benefits.
8. The examination will not be videotaped or otherwise recorded.